

## **Application Data Sheet**

### **Application Information**

Application number:	
Filing Date:	March 29, 2004
Application Type:	Regular
Subject Matter:	Utility
Suggested classification:	
Suggested Group Art Unit:	
CD-ROM or CD-R?	None
Number of CD disks:	
Number of copies of CDs:	
Sequence submission?	
Computer Readable Form (CRF)?	
Number of copies of CRF:	
Title:	INJECTABLE CALCIUM SALT BONE FILLER COMPRISING CELLS
Attorney Docket Number:	04148-00100
Request for Early Publication?	NO
Request for Non-Publication?	NO
Suggested Drawing Figure:	
Total Drawing Sheets:	1
Small Entity?	YES
Latin name:	
Variety denomination name:	
Petition included?	NO
Petition Type:	
Licensed US Govt. Agency:	
Contract or Grant Numbers:	
Secrecy Order in Parent Appl.?	NO

## **Applicant Information**

Applicant Authority Type: Inventor  
Primary Citizenship Country: Netherlands  
Status: Full Capacity  
Given Name: Joost  
Middle Name: Dick  
Family Name: de BRUIJN  
Name Suffix:  
City of Residence: Amersfoort  
State or Province of Residence:  
Country of Residence: NETHERLANDS  
Street of mailing address: Pasteurstraat 16  
City of mailing address: Amersfoort  
State or Province of mailing address:  
Country of mailing address: NETHERLANDS  
Postal or Zip Code of mailing address: NL-3817 JL

Applicant Authority Type: Inventor  
Primary Citizenship Country: NETHERLANDS  
Status: Full Capacity  
Given Name: Elisabeth  
Middle Name: Maria  
Family Name: FISCHER  
Name Suffix:  
City of Residence: Hilversum  
State or Province of Residence:  
Country of Residence: NETHERLANDS  
Street of mailing address: Kruissteeg 2B  
City of mailing address: Hilversum  
State or Province of mailing address:  
Country of mailing address: NETHERLANDS

Postal or Zip Code of mailing address: NL-1211 DE

Applicant Authority Type: Inventor

Primary Citizenship Country: FRANCE

Status: Full Capacity

Given Name: Pierre

Middle Name: Jean François

Family Name: LAYROLLE

Name Suffix:

City of Residence: Le Mans

State or Province of Residence:

Country of Residence: FRANCE

Street of mailing address: 9 Rue de Levant

City of mailing address: Le Mans

State or Province of mailing address:

Country of mailing address: FRANCE

Postal or Zip Code of mailing address: 72000

### **Correspondence Information**

Correspondence Customer Number: 22910

### **Representative Information**

Representative Customer Number: 22910

### **Domestic Priority Information**

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This Application	Continuation of	PCT/NL02/00633	30 SEP 2002

## Foreign Priority Information

Country:	Application number:	Filing Date:	Priority Claimed:
EP	01203746.1	02 OCT 2001	YES

## Assignee Information

Assignee name: IsoTis N.V.  
Street of mailing address: Prof. Bronkhorstlaan 10  
City of mailing address: Bilthoven  
State or Province of mailing address:  
Country of mailing address: NETHERLANDS  
Postal or Zip Code of mailing address: NL-3723 MB